Title UNITED STATES, Dr.,  Payee's Account No.  (Address)  (City)  (State)  (Center description, item number of contract or Federal supply or Service or S	THE UNITED STATES, Dr.,  Payed's Account No.  (Chy)  (Chy)	<i>. S.</i> CQ	Seribed by S. Apr General, U. S. Apr or 7, 1950 SI, Supp. No. 11) Ordany 20, 1952)	ABI <b>E</b>	ar ogen blishmant)					PAII	) ВҮ	
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE ON SERVICES OCCURED WITHOUT WENTERN AGREEMENT IN ANY FORM	HE UNITED STATES, Dr.,  Payer's Account No.  (184790)  (184700)  (184700)  (184700)  (184700)  (184700)  (184700)  (184700)  (184700)  (184700)  (184700)  (184700)  (184700)  (184700)  (1847000)  (184700)	· h	and at							سر ۵۰		1
COPY OF AMOUNT  (Address) (City) (State)  ANTICLES OR SERVICES  a. and Date of Delicery or Services (Enter description) item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms  Cost	COPY OF ACCOUNTING CLASSIFICATION (Appropriation Symbol rouges be showing other classification options)  (Check No. and Date of Date of Dalivery constructions and other information deemed recessary)  Detection Terms  Cost Cost Cost Cost Cost Cost Cost Cost	oucner prep	area ai						1m	J#3		1
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Cost	Content   Cont		(Addr		(City)	(St	ate)					
Cost  Complete   Partial   Use continuation sheet(s) if necessary  Final   Use continuation sheet(s) if necessary  Final   Ost   Weight   Government B/L No.   Total   1,420.6  Sign original only)  STATOTHR  Sate 6-27-58 WPAVER  For   STATOTHR  Per   STATOTHR  Title   Ost   Amount verified; correct for   (Signature or initials)   Contract No.   Date   Invoice Rec'd.  Contract No.   Amount verified; correct for   (Signature or initials)   Contract No.   Date   Invoice Rec'd.  Contract No.   Amount verified; correct for   (Signature or initials)   Contract No.   Date   Invoice Rec'd.  Contract No.   Amount verified; correct for   (Signature or initials)   Contract No.   Contr	AYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Iniqued from to Weight Government B/L. No. Total 1,420 ( Payer must NOT use this space)  Certify that the above bill is certect and just and that payment has not been received.  (Sign original only)  Date   Req. No.   Differences   Differences    Amount verified; correct for   1420    Amount verified; correct for   1420    Contract No.   For   Date   Req. No.   Date   Invoice Rec'd.  Title   Contract No.   Date   Req. No.   Date   Invoice Rec'd.  Title   Date   Contract No.   Title   Contract    Title   Date   Date   Contract    Title   Date   Date   Contract    Title   Date   Date   Date   Contract    Title   Date   Date   Contract    Title   Date   Date   Date   Date    Title   REVENSE OF THIS FORM MUST HE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SCURED WITHOUT WRITTEN AGREEMENT IN ANY FORM    ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)  (Chack No.   dated   19, for \$		Date of Delivery or Service	(Enter description, schedule, and	item number of contra	et or Federal su	pply	QUANTITY		<del>,</del> -		Cts.
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